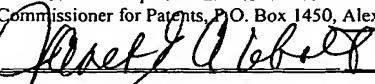
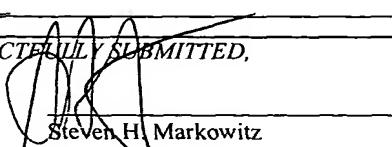


S. PTO 10/621996 07/17/03

UTILITY PATENT APPLICATION TRANSMITTAL (For new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. <b>SO-0031 US NA</b> First Named Inventor or Application Identifier <b>Hari Babu Sunkara</b>
<b>"EXPRESS MAIL CERTIFICATE"</b> "EXPRESS MAIL" MAILING LABEL NUMBER <u>EJ 229909115 US</u>		DATE OF DEPOSIT: <u>July 17, 2003</u>
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
NAME OF PERSON MAILING PAPER OR FEE (TYPE OR PRINT) <u>Janet E. Abbott</u>		SIGNATURE SIGN 

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		9. <input checked="" type="checkbox"/> The Title of the Invention: <b>THERMOPLASTIC ELASTOMER COMPRISING POLY(TRIMETHYLENE-ETHYLENE ETHER) SOFT SEGMENT AND POLYAMIDE HARD SEGMENT</b>												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <u>04-1928</u>.  <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))  <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> A Check in the Amount of \$ _____ is enclosed  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account <u>04-1928</u>.</p>		10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))												
<p>3. <input checked="" type="checkbox"/> The total fee is calculated as shown below:</p> <table> <tr><td>Basic Filing fee</td><td>\$ 750.00</td></tr> <tr><td>Total Claims 19 - 20 = 0 x \$18</td><td>\$ 0.00</td></tr> <tr><td>Independent Claims 2 - 3 = 0 x \$84</td><td>\$ 0.00</td></tr> <tr><td><input type="checkbox"/> Multiple Dependent Claim present</td><td>\$ 0.00</td></tr> <tr><td><b>TOTAL FILING FEE</b></td><td><u>\$ 750.00</u></td></tr> <tr><td><input type="checkbox"/> Reduction by 50% for filing by Small Entity</td><td>\$</td></tr> </table> <p><input type="checkbox"/> Cancel in this application original claims _____ to _____ of the prior application before calculating the filing fee.  Charge \$ _____ to the above indicated Deposit Account.</p>		Basic Filing fee	\$ 750.00	Total Claims 19 - 20 = 0 x \$18	\$ 0.00	Independent Claims 2 - 3 = 0 x \$84	\$ 0.00	<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00	<b>TOTAL FILING FEE</b>	<u>\$ 750.00</u>	<input type="checkbox"/> Reduction by 50% for filing by Small Entity	\$	11. <input type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations
Basic Filing fee	\$ 750.00													
Total Claims 19 - 20 = 0 x \$18	\$ 0.00													
Independent Claims 2 - 3 = 0 x \$84	\$ 0.00													
<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00													
<b>TOTAL FILING FEE</b>	<u>\$ 750.00</u>													
<input type="checkbox"/> Reduction by 50% for filing by Small Entity	\$													
<p>4. <input checked="" type="checkbox"/> Specification excluding Drawings <u>[Total Pages] 29</u></p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) <u>[Total Sheets]</u></p>		12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))												
<p>6. <input checked="" type="checkbox"/> Declaration and Power of Attorney <u>[Total Pages] 3</u>  a. <input type="checkbox"/> Newly executed (original or copy)  b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 19a completed)</i>  c. <input checked="" type="checkbox"/> Unsigned Declaration  <i>[Note Box 6 below]</i>  i. <input type="checkbox"/> DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p>		13. <input type="checkbox"/> Prior Application is Assigned to: <u>E.I. du Pont de Nemours and Company</u> <i>(for continuation/divisional with Box 20a completed)</i>												
<p>7. <input checked="" type="checkbox"/> Application Data Sheet 37 CFR 1.76</p>		14. <input type="checkbox"/> Preliminary Amendment												
<p>8. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 6b is checked)</i>  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>												
<p>20. Priority Information, check appropriate box and supply the requisite information</p> <p>a The accompanying application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)  Of prior application No: filed .  Examiner: _____ Group/Art: _____</p>		16. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>												
<p>21. CORRESPONDENCE ADDRESS  <input checked="" type="checkbox"/> Customer Number: <u>23906</u>  Address <u>E.I. du Pont de Nemours and Company</u>  Telephone <u>(302) 984-6139</u> Fax <u>(302) 658-1192</u></p>		17. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed . A PTO-1449 listing the references is enclosed.												
		18. <input type="checkbox"/> Applicant Claims Small Entity Status												
		19. <input type="checkbox"/> Other : _____												
		22. <b>RESPECTFULLY SUBMITTED,</b>  Signature Name <u>Steven H. Markowitz</u> Date <u>July 17, 2003</u> Registration No. <u>27.095</u>												

23. The Power of Attorney in the Prior Application includes: \_\_\_\_\_

Recognize as Associate Attorney: \_\_\_\_\_ Attorney \_\_\_\_\_ Registration No. \_\_\_\_\_  
and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

No.  
 Yes, the name of the U.S. Government agency and the Government contract number are: \_\_\_\_\_

*(preferred arrangement of specification set forth below)*

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

## Complete if Known

Application Number	Unknown
Filing Date	July 17, 2003
First Named Inventor	Hari Babu Sunkara
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	SO-0031 US NA

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None Deposit Account:

Deposit Account Number

04-1928

Deposit Account Name

E. I. du Pont de Nemours and Company

## The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity

Small Entity

## Fee Description

## Fee Paid

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 750.00)

## 2. EXTRA CLAIM FEES

Total Claims

19

-20\*\*

=

0

X

18

=

0

Fee from below

Fee

Paid

Independent Claims

2

-3\*\*

=

0

X

84

=

0

Multiple Dependent

X

280

=

0

Large Entity

Small Entity

## Fee Description

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Signature	Registration No. Attorney/Agent)	27,095	Telephone	(302) 984-6139
Steven H. Markowitz				Date	July 17, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## Certificate of Express Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service for Express Mailing EJ 229909115 US with sufficient postage in an envelope addressed to:

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 17, 2003  
Date



\_\_\_\_\_  
Signature

JANET E. ABBOTT

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

**THERMOPLASTIC ELASTOMERS COMPRISING POLY(TRIMETHYLENE-ETHYLENE ETHER) SOFT SEGMENT AND POLYAMIDE HARD SEGMENT**

Application No.: Unknown

Filing Date: July 17, 2003

First Named Inventor: Hari Babu Sunkara

Group Art Unit: Unknown

Examiner: Unknown

Attorney Docket: SO-0031 US NA

Utility Application Cover Sheet

Application – 29 pages

Declaration/Power of Attorney (not executed)

Fee Transmittal

Authorization to charge Deposit Account 04-1928

Postcards